

# EXHIBIT B

Total Num. Units	4	Total Num. Prsns	4	TxDOT Crash ID	17937078.1 / 2020433511
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\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY)	10 / 22 / 2020	*Crash Time (24HRMM)	1300	Case ID	20-1022-0012	Local Use	ADAM 1																			
*County Name	WILLIAMSON	*City Name	ROUND ROCK					<input type="checkbox"/> Outside City Limit																		
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Latitude (decimal degrees)				Longitude (decimal degrees)																				
ROAD ON WHICH CRASH OCCURRED																										
*1 Rdwy. Sys.	IH	*Hwy. Num.	35	2 Rdwy. Part	1	Block Num.	1594	3 Street Prefix		*Street Name	INTERSTATE HIGHWAY 35	4 Street Suffix														
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit	70	Const. Zone	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.	BLACK TOP ROADWAY																	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																										
At Int.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	LR	Hwy. Num.		2 Rdwy. Part	1	Block Num.	100	3 Street Prefix	W	Street Name	OLD SETTLERS	4 Street Suffix	BLVD											
Distance from Int. or Ref. Marker	1	<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	S	Reference Marker				Street Desc.	BLACK TOP ROADWAY	RRX Num.															
Unit Num.	1	5 Unit Desc.	1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	CD	LP Num.	L826814	VIN	1 X P X D 4 9 X 4 I D 6 6 6 5 0 9															
Veh. Year	2020	6. Veh. Color	BLK	Veh. Make	PETERBILT	Veh. Model	389	7 Body Style	TT	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																
8 DL/ID Type	2	DL/ID State	CD	DL/ID Num.	C360707056407	9 DL Class	98	10 CDL End.	98	11 DL Rest.	98	DOB (MM/DD/YYYY)	05 / 07 / 1964													
Address (Street, City, State, ZIP) 480 20E RUE SAINT-GEORGES, CD G5Y8J3																										
Person Num.	1	12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
1	1	1				COUTURE, ROGER				N	56	W	1	1	1	1	97	N	96		96	97	97			
														Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.												
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address CRS EXPRESS INC, 2100 95E RUE SAINT-GEORGES, CD G5Y8J3																									
Proof of Fin. Resp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	2	Fin. Resp. Name	SOCIETE D'ASSURANCE GENERAL NORTHBRIDGE				Fin. Resp. Num.	2027027															
Fin. Resp. Phone Num.	8008376030				27 Vehicle Damage Rating	1	2	-	F	R	-	1	27 Vehicle Damage Rating	2	-	-	-	-	-	-	-	-	-	-	Vehicle Inventoried	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Towed By	DRIVEN FROM SCENE BY DRIVER				Towed To	DRIVEN FROM SCENE																				
Unit Num.	2	5 Unit Desc.	6	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	CD	LP Num.	RK2969E	VIN	2 M 5 9 2 1 6 1 7 L 1 1 8 9 7 5 9															
Veh. Year	2020	6. Veh. Color	BLK	Veh. Make	UNKNOWN	Veh. Model	UNKNOWN	7 Body Style	98	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)	/ /													
Address (Street, City, State, ZIP)																										
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
														Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.												
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address C.R.S. EXPRESS INC., 2100 95E RUE SAINT-GEORGES G5Y8J3																									
Proof of Fin. Resp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	2	Fin. Resp. Name	SOCIETE D'ASSURANCE GENERAL NORTHBRIDGE				Fin. Resp. Num.	2027027															
Fin. Resp. Phone Num.	8008376030				27 Vehicle Damage Rating	1	-	-	-	-	27 Vehicle Damage Rating	2	-	-	-	-	-	-	-	-	-	-	-	-	Vehicle Inventoried	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Towed By	towed from scen by unit 1				Towed To	towed from scen by unit 1																				

Case ID 20-1022-0012

TxDOT Crash ID 17937078.1/2020433511

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

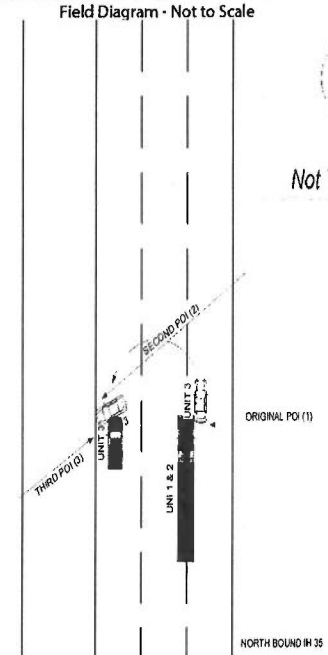
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	1	00515867	
	Carrier's Corp. Name CRS-EXPRESS			Carrier's Primary Addr. 2100 95E RUE APT., SAINT-GEORGES, QC SAINT-GEORGES, QUEBEC CANADA, CD G5Y8J3			30 Veh. Type 9				
	31 Bus Type 0	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	8	0	0	0	0	HazMat Released <input checked="" type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.

FACTORS & CONDITIONS	Unit Num.	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	Yes	No	Actual Gross Weight	Total Num. Axles
	1	4					<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

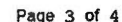
36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
1	4							1	1	97	3	1	1	11

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale
	UNIT 1 TOWING UNIT 2. UNIT 2 NOT STRUCK DURING ACCIDENT. UNIT 1 CHANGED LANES WHEN UNSAFE FROM MIDDLE LANE INTO RIGHT LANE. IN DOING SO THE FRONT RIGHT OF UNIT 1 STRUCK THE REAR LEFT QUARTER OF UNIT 3 (POI 1). UNIT 3 SPUN OUT IN FRONT OF UNIT 1 AND STRUCK INSIDE WALL (POI 2). UNIT 4 THEN STUCK UNIT 3 IN THE LEFT DOOR (POI 3).	

INVESTIGATOR	Time Notified (24HR:MM)	1	3	0	4	How Notified/Dispatch	Time Arrived (24HRMM)	1	3	1	1	Report Date (MM/DD/YYYY)	10	22	2020	
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Saffel, Shannon											ID Num. 2008			
ORI Num. T X 2 4 6 0 5 0 0	*Agency ROUND ROCK POLICE DEPARTMENT										Service/Region/DA	A	D	A	M	1

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*Crash Date (MM/DD/YYYY)	10 / 22 / 2020	*Crash Time (24HRMM)	1300	Case ID	20-1022-0012	Local Use	ADAM 1																
*County Name	WILLIAMSON	*City Name	ROUND ROCK					<input type="checkbox"/> Outside City Limit															
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Latitude (decimal degrees)				Longitude — (decimal degrees)																	
ROAD ON WHICH CRASH OCCURRED																							
*1 Rdwy. Sys.	IH	*Hwy. Num.	35	2 Rdwy. Part	1	Block Num.	1594	3 Street Prefix		*Street Name	INTERSTATE HIGHWAY 35	4 Street Suffix											
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit	70	Const. Zone	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.	BLACK TOP ROADWAY														
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																							
At Int.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	LR	Hwy. Num.		2 Rdwy. Part	1	Block Num.	100	3 Street Prefix	W	Street Name	OLD SETTLERS	4 Street Suffix	BLVD								
Distance from Int. or Ref. Marker	1	<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	S	Reference Marker				Street Desc.	BLACK TOP ROADWAY	RRX Num.												
Unit Num.	3	5 Unit Desc.	1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	TX	LP Num.	MGG4359	VIN	K N A D E 1 2 3 6 6 6 0 7 8 7 9 9												
Veh. Year	2006	6 Veh. Color	WHI	Veh. Make	KIA	Veh. Model	RIO	7 Body Style	p4				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)										
8 DL/ID Type	1	DL/ID State	TX	DL/ID Num.	23255067	9 DL Class	C	10 CDL End.	96	11 DL Rest.	96	DOB (MM/DD/YYYY)	09 / 16 / 1988										
Address (Street, City, State, ZIP) 1219 S 15TH ST TEMPLE, TX 76504																							
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	HARRELL, LACYNDRA CHARNELLE							B	31	B	2	1	1	5	97	N	96		96	97	97
																Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address HARRELL, LACYNDRA CHARNELLE, 1219 S 15TH ST TEMPLE, TX 76504																						
Proof of Fin. Resp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	2	Fin. Resp. Name	HOMESTATE COUNTY MUTUAL			Fin. Resp. Num.	TLC01275664-19													
Fin. Resp. Phone Num.	254-776-4521				27 Vehicle Damage Rating 1	1	2	-	F	D	-	3	27 Vehicle Damage Rating 2	6	-	B	R	-	2	Vehicle Inventoried	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By	STARS TOWING				Towed To	1251 PROVIDENT LN.																	
Unit Num.	4	5 Unit Desc.	1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	TX	LP Num.	MWD9969	VIN	J T E B U 5 J R 6 G 5 3 5 0 1 2 1												
Veh. Year	2016	6 Veh. Color	RED	Veh. Make	TOYOTA	Veh. Model	4RUNNER	7 Body Style	SV				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)										
8 DL/ID Type	1	DL/ID State	TX	DL/ID Num.	42627265	9 DL Class	C	10 CDL End.	96	11 DL Rest.	96	DOB (MM/DD/YYYY)	05 / 09 / 1997										
Address (Street, City, State, ZIP) 11033 PLEASANTON RD APT 2B SAN ANTONIO, TX 78221																							
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	GARCIA, JESS ALEXANDER							N	23	H	1	1	1	1	97	N	96		96	97	97
2	2	3	CARRIZALES, NIKKI ISLEEN							N	26	H	2	1	1	1	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address GARCIA, JESS ALEXANDER, 11033 PLEASANTON RD SAN ANTONIO, TX 78221																						
Proof of Fin. Resp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	2	Fin. Resp. Name	GEICO - GOVERNMENT EMPLOYEES INS. CO.			Fin. Resp. Num.	4601005129													
Fin. Resp. Phone Num.	800-841-3000				27 Vehicle Damage Rating 1	1	1	-	F	R	-	1	27 Vehicle Damage Rating 2	-	-	-	-	-	Vehicle Inventoried	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By	DRIVEN FROM SCENE BY DRIVER				Towed To	DRIVEN FROM SCENE																	

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